



# CHP-PRA PROOF-OF-CONCEPT [Simulation] SENSITIVITY ASSESSMENT ✨

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2024 Human Research Program  
Investigators' Workshop

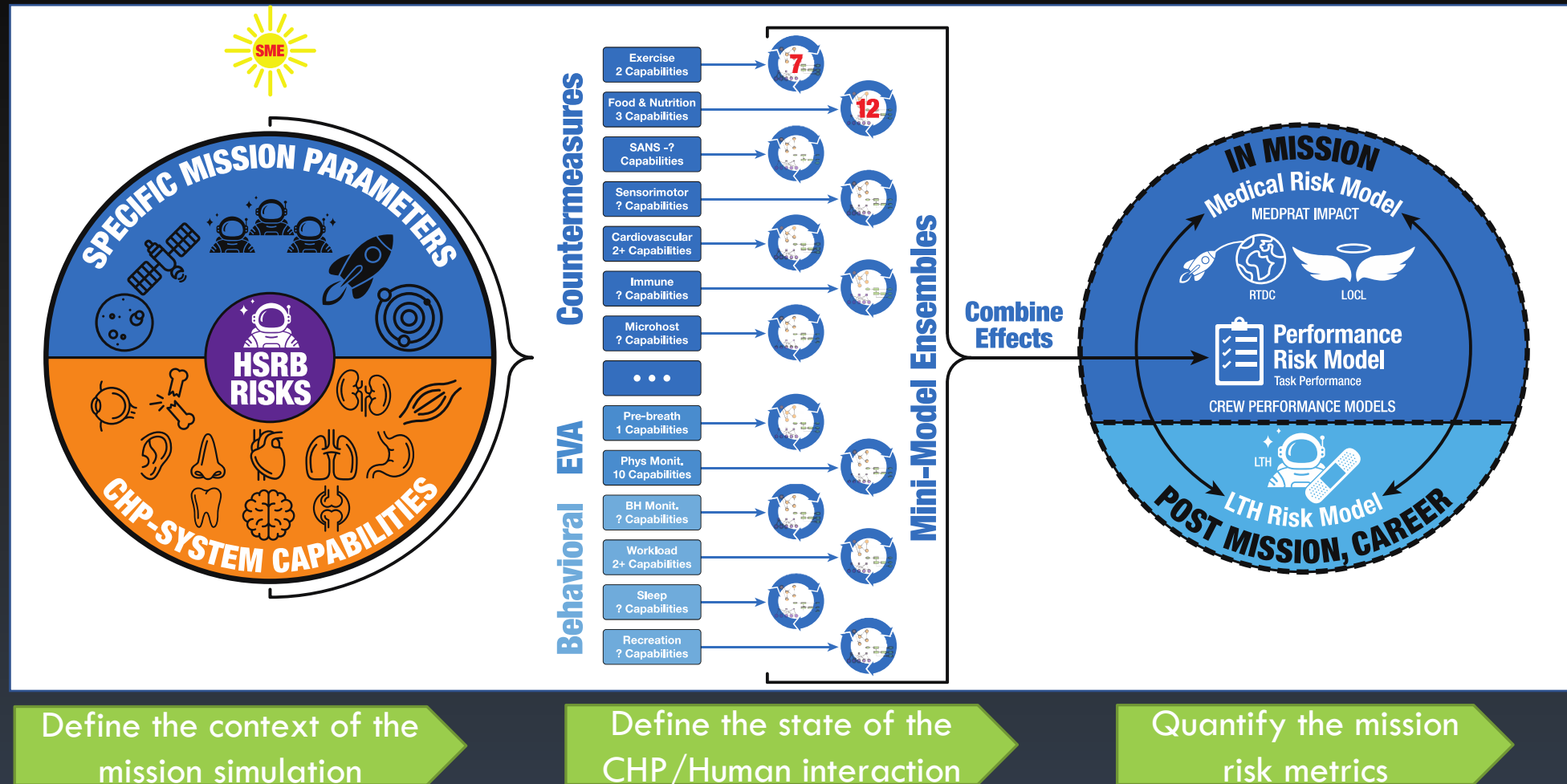


# Overview

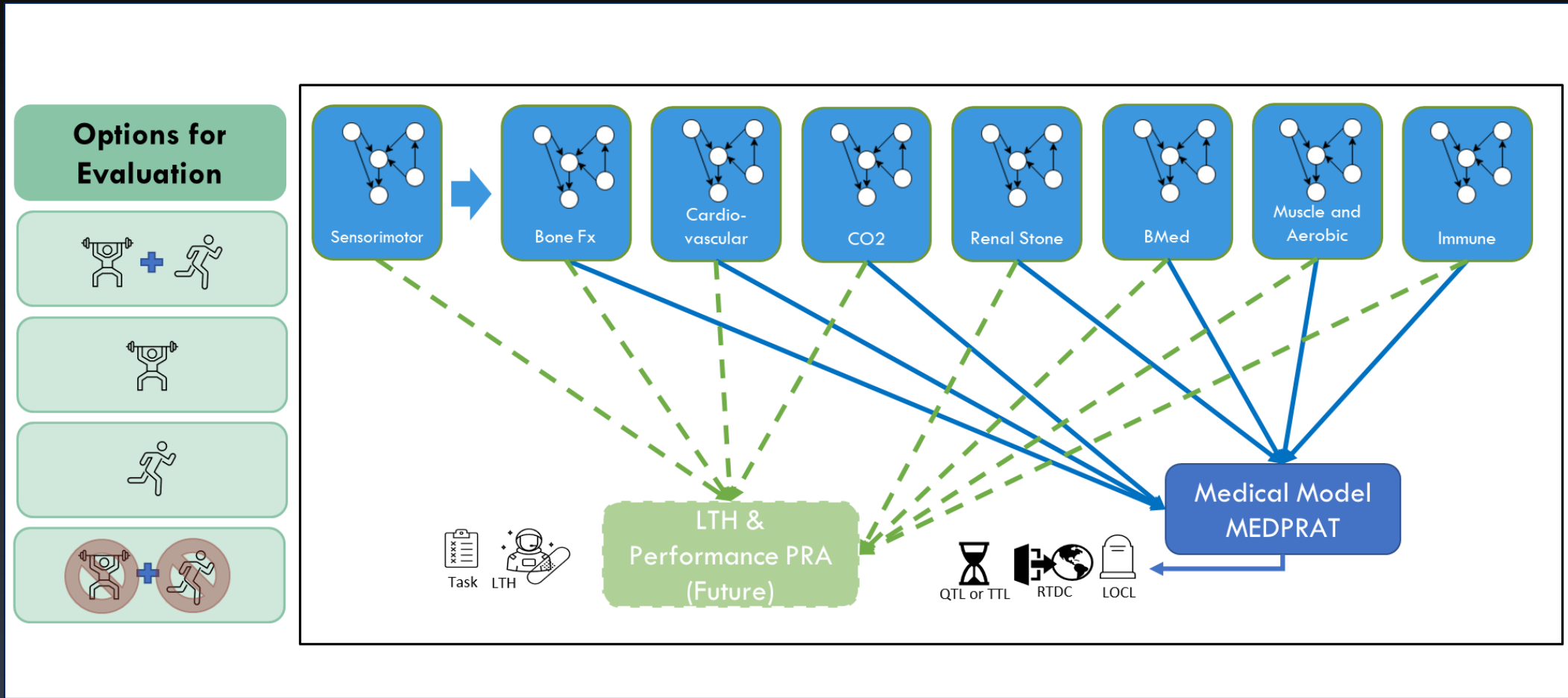
- Review 2023 development of CHP-PRA proof-of-concept (POC) model
- Describe the need for Model and Simulation (M&S) sensitivity and robustness assessments
- Demonstrate CHP-PRA POC sensitivity and robustness with respect to each of the sub-component Human System Risk (HSR) models

**Bottomline, Up Front:** *POC exercise model exhibits sensitivity primarily to two HSRs (Immune and Muscle+Aerobic) at nearly the same magnitude, but influencing cumulative results in opposing directions*

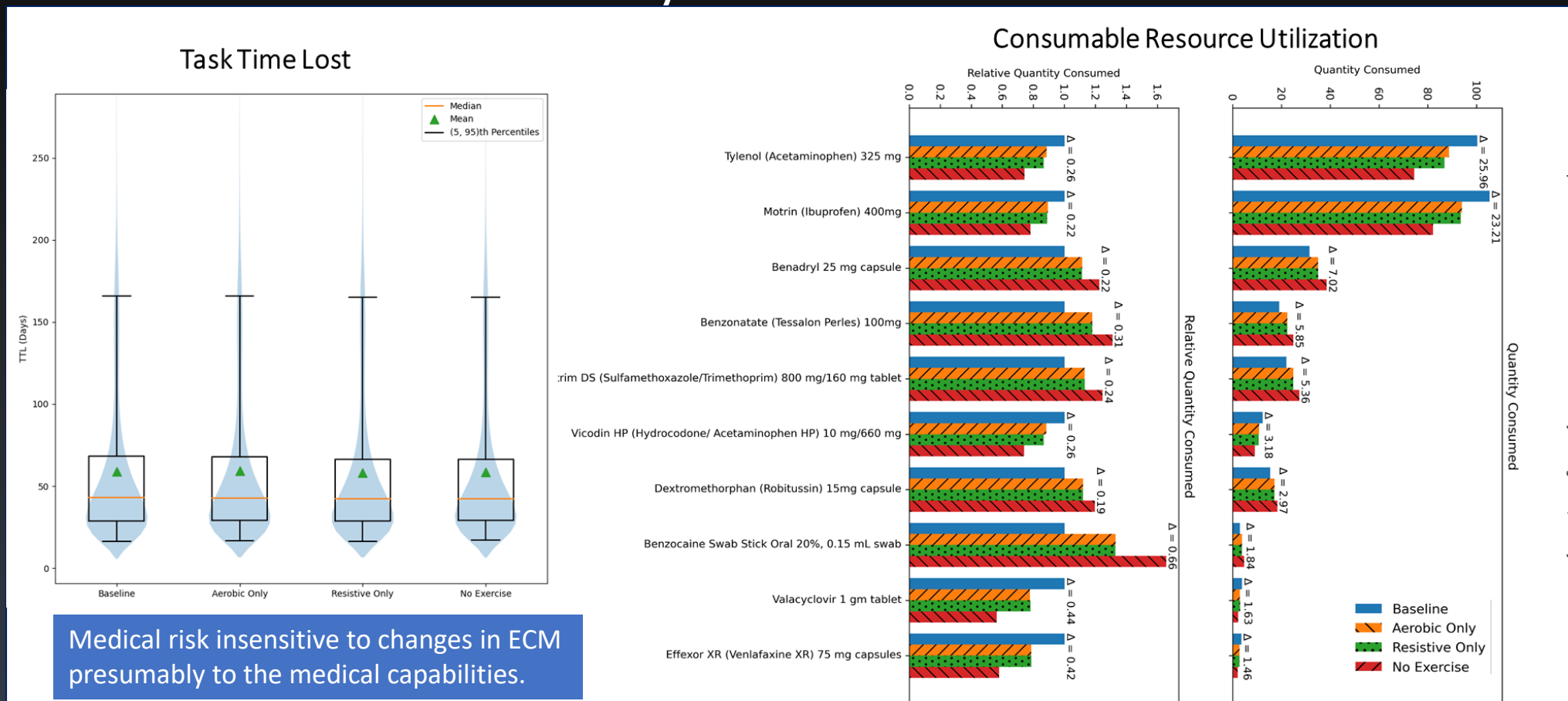
# 2023 CHP-PRA Concept



# Conceptually straightforward, complex implementation

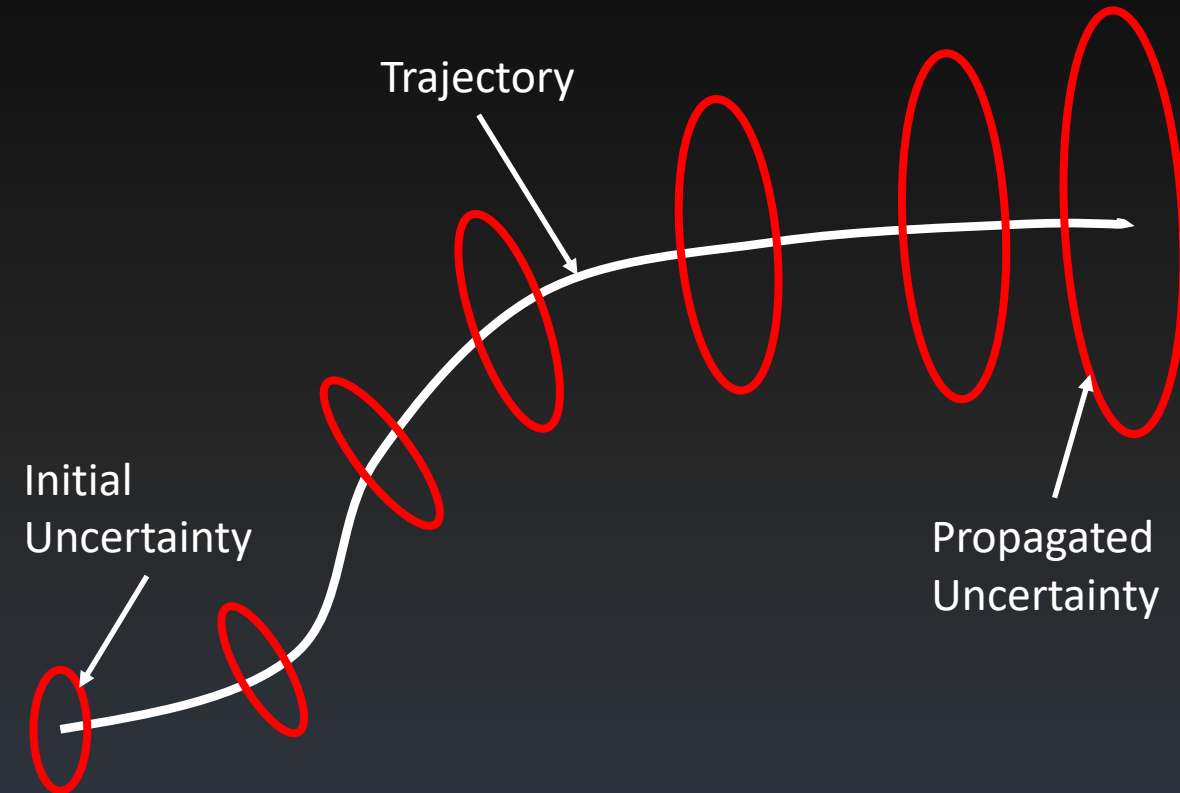


# Sample Results From Mars Transit Analog (MTA) – Medical Risk Path Only



# Noted From This Analysis

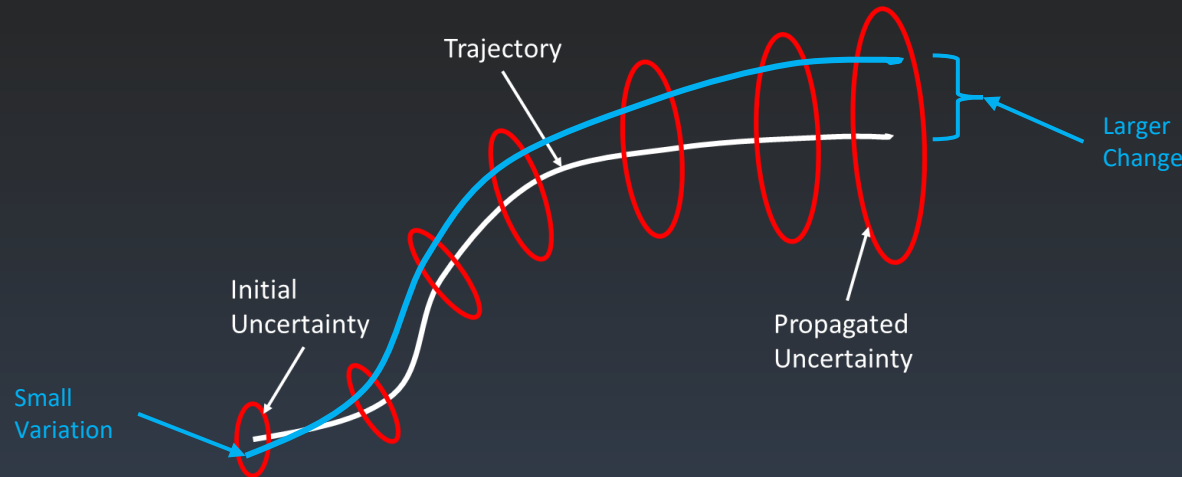
- Focus on Medical Risk Path does not communicate the entire risk story
  - Efforts for performance and LTH risk integration underway
- *Diminishing returns “chasing” all paths*
- *Does not account for all interactions of CHP sub-systems*
- *Does not propagate all potential uncertainty*



# Sensitivity Analysis, i.e. robustness of the model

***Sensitivity Analysis***: uncertainty in the output of a mathematical model can be allocated to different sources of uncertainty in its inputs.

***Robustness\****: The characteristic whereby the result from an M&S does not change in a meaningful way with minor variations in parameters.



\* A critical part of M&S Credibility Assessment per NASA-STD-7009B and NIH Ten Simple Rules for M&S Credible Practice in Health Care



# Cumulative Risk Model Parameters



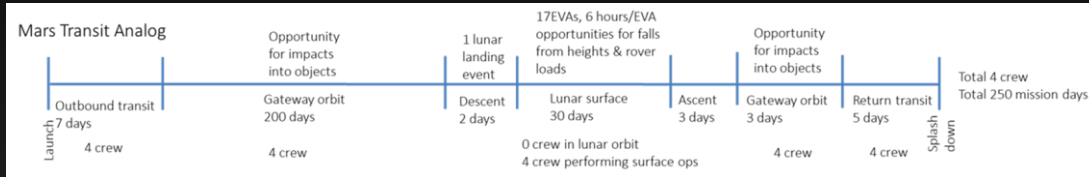
- Identify how robust the model is to each risk
- Identify the risks that most influence the model predictions

## Approach

- “Leave-One-Out”
  - Remove one of the components
  - Compare change to baseline



# Mars Transit Analog Analysis – Medical Risk Path



MTA: 250 Mission days, 4-crew (mixed), 17 EVAs

Database: iMed

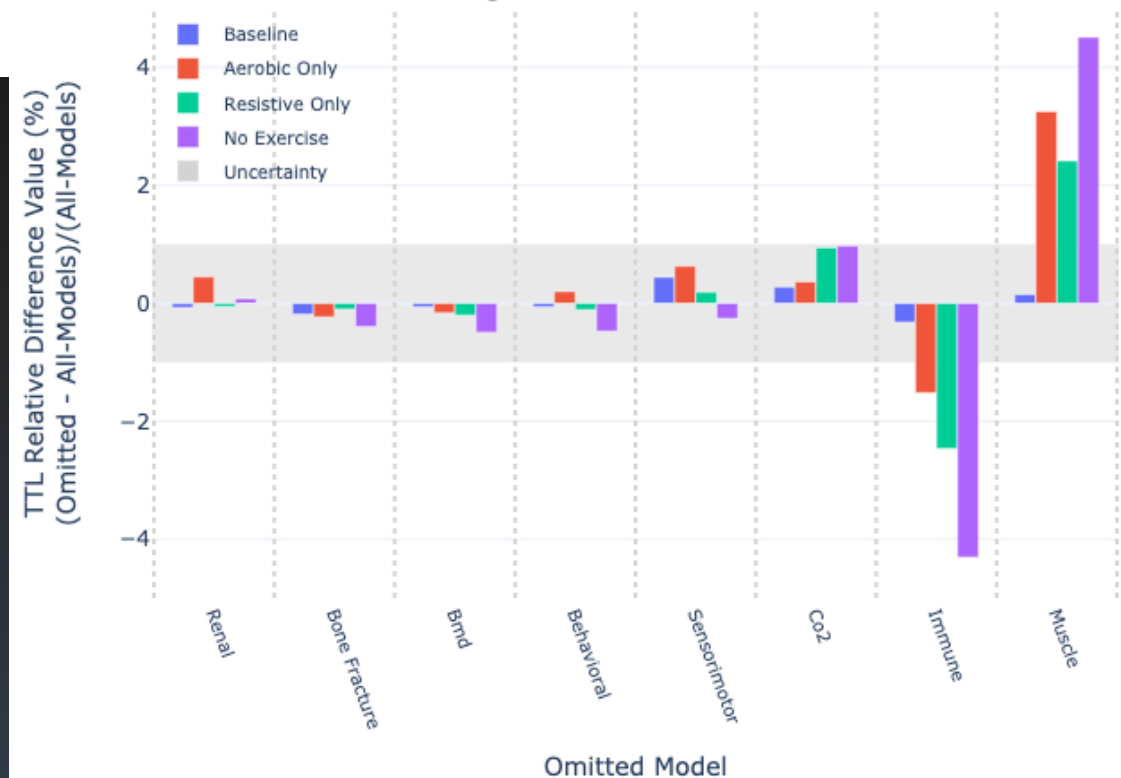
Simulations: 32 simulations, 100K trials, Limited to ISS medical resources

Gray area – Expected variations due to noise and # of trials

## **Key Finding MTA Simulation:**

Medical risk robustness to changes in exercise countermeasure is due to limited sensitivity to all but Immune and Muscle+Aerobic risk, and they nearly balance.

TTL Relative Difference Value - Treatment-Limited  
Artemis Mars Transit Analog





# Takeaways and Ongoing work

## Takeaway

- CHP-PRA POC Robustness results from give and take between risks
- The overall effect on global risk metrics is negligible from baseline, although the affected constituents differ (i.e. medical resources used)
- Designates the sensitive risk component of the models that can provide further insights in areas where new data or interventions may have the most influence on the global risk

## Ongoing work

- Expanding CHP capabilities models beyond Exercise Countermeasures
- Examples: ECLSS, Pharm, and Sensorimotor countermeasures targeted for inclusion (See Dr. Rehm's IWS presentation on date, time).

# QUESTIONS

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For more info on CHP-PRA  
modeling activities, visit

<https://ccmp.gitlab.grc.nasa.gov/chp-pra/results/>

